

### STATE OF NEW HAMPSHIRE

### 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

RECEIVED

OCT 3 1 2018

I. Name of Lobbyist(s)	George W. Rouss	os and Lindsay	E. Nadeau	NEW HAMPSHIRE
II. Name of lobbyist's p	artnership, firm or c	orporation, if an	y:	DEPARTMENT OF STATE
Orr & Reno, P.A.	• ′			
(Name	of partnership, firm or co	orporation)		<del></del>
45 S. Main Street, I	P.O. Box 3550	Concord	NH	03302
Business Address: (Street		(Town/City)	(State)	(Zip Code)
(603) <u>224-2381</u> (Telephone)	(603)	224-2318 (Fax)	e-mail <u>groussos@</u> c	orr-reno.com
reportable expense tran	sactions which are n	ot attributable to	s for each client, OR you may find any one client).  The reporting date relative to the fo	
•	Association of Do	-		no mng onom.
			byist Registration Form)	_ <del></del>
<u>OR</u>				
All reportable transac unrelated to any particula		including the lobb	yist's family), or the lobbying fir	m listed below which are
	April 25, 2018 from date of registratio	n to 3/31/18	July 25, 2018	
	October 31, 2018 🛭 tivity from 7/1/18 to 9/30	0/18	January 30, 2019   activity from 10/1/18 to 12/31/18	
V. There have been n If this box is checked, con Concord, NH 03301.	o fees received and mplete just this form a	no reportable t and submit it to the	transactions made since the l Secretary of State's Office, State	ast report.   House, Room 204,
VI. Check if additional	renorts are attached	:		
	•		e Addendum A- Fees and Expe	nses
	nonorarium or reimbu		must file Addendum B- Report	
☐ If you, your firm, or	your family has made	political contribu	tions, you must file Addendum (	C- Political Contributions
Sworn Statement/Affiri I have read RSA 15, RSA and complete to the best	4 15-B, RSA 14-C and	d RSA 664 and he belief.	reby swear or affirm that the fore	going information is true
(Signature of lobbyist)	1/m	<del></del>	10/31/18 (Date)	
George W. Rousson (Print Name of lobbyist)				

# LEASE PRINT

## STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

1. Name of Lobbyist(s) George W. Roussos and Lindsay E. Nadea	ц	
II. Name of lobbyist's partnership, firm or corporation, if any:		
Orr & Reno, P.A. (Name of partnership, firm or corporation)		
III. Name of Client NH Association of Domestic Insurance Compan	ies_Date1(	)/31/18
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or poss fee amour	public relations service nt reported shall not b
a) Total of all fees received in this reporting period	a) \$	0.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)		110,748.93
c) Total of all fees received to date (Add lines a and b)	c) <b>\$</b>	110,748.93
<ul> <li>d) Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	d) <b>\$</b>	15,368.31
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expression is aggregate to expenses; (b) the meals purces than \$10 the dwith a value of greater to than \$25, be expense rein	spenditures are made by for the lobbyist(s)/firm tal of all expenses painted aggregate total of all hased during a busines at is given to the persone of \$25.00 or less); and f greater than \$25.00 for than \$25, purchase of ut not greater than \$50 nbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	0.00_
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0.00
c). Total of all itemized expenditures reported in detail in section VI.	c) <b>\$</b>	0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	0.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	. 100.00
f) Total of all expenses year to date	f) \$	100.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees du	uring this reporting
Paid to:	Amount:	
	s	<del></del>
	\$	
	\$	
	\$	
	\$	
·		
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	m that the fore	egoing information
is true and complete to the best of my knowledge and belief.		
Am no/mm	10/31/1	8
(Signature of lobbyist)	(Da	
Coorgo W. Pouggos		
George W. Roussos (Print Name of lobbyist)		

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### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporatio

Name of Lobbying	partnership, firm, or corpo	oration: Off & Reno, P.	Α
Name of Client (lea	ve blank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client): _	New Hampshire Asso	ciation of Domestic Insu	rance Companies
Date of Report (che	ck one):		
April 25, 2018 □	July 25, 2018 🛚	October 31, 2018 🖾	January 30, 2019 □
			nd Expenses described above, and umber of Addendum forms being
1 Addendum	A(s).		
Addendum	B(s).		
Addendum	C(s).		
	of my knowledge and be	lief.	nt and each Addendum is true and 10/31/18 (Date)
George W. Rouss	os		
(Print Name of lobb	yist)		